

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-01

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 03-022	2. STATE Ohio
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 1/1/04	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
CFR 42 430.10

7. FEDERAL BUDGET IMPACT:

It is estimated that the decrease due to the elimination of this service for Federal fiscal years '04 and '05 will be \$987,214. N budget impact is anticipated from other psychological changes the State Plan.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A
Pre-Print Page 2
Item 6
Pages 5-6 of 69. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A
Pre-Print Page 2
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Page 4 of 4Ohio (03-022)
approved: 02/04/04
effective: 01/01/04

10. SUBJECT OF AMENDMENT:

Medicaid Psychological Services

The state plan has been amended to be consistent with OAC rules 5101:3-8-05, Covered Psychology Services and Limitations and OAC 5101:3-4-29, Services Provided for the Diagnosis and Treatment of Mental and Emotional Disorders.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Governor has
delegated signature to ODJFS Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Tom Hayes

14. TITLE: Director

15. DATE SUBMITTED:

16. RETURN TO:

Becky Jackson
ODJFS/OHP
30 East Broad St., 27th Floor
Columbus, OH 43215-3414

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

2/4/04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

NOV 24 2003

DMCH - LAIN/CH

State of Ohio

ATTACHMENT 3.1-A
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6. Medical care and any other types of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other Practitioners' Services.

Licensed Psychologist Services.

For dates of service prior to January 1, 2004:

- Covered services are those professional procedures listed in OAC.
- COVERED PSYCHOTHERAPY AND PSYCHOLOGICAL TESTING SERVICES ARE LIMITED TO THOSE PERSONALLY PROVIDED BY A PSYCHOLOGIST.
- Psychological testing is limited to a maximum of eight hours per twelve-month period per recipient in a non-hospital setting.
- THERAPEUTIC VISITS AND DIAGNOSTIC INTERVIEW EXAMINATIONS IN EXCESS OF A COMBINED TWENTY-FIVE DATES OF SERVICE PER RECIPIENT IN A TWELVE-MONTH PERIOD IN A NON-HOSPITAL SETTING ARE NOT COVERED.
- DIAGNOSTIC INTERVIEW EXAMINATIONS WILL BE LIMITED TO ONE PER RECIPIENT PER TWELVE MONTH PERIOD AND MAY NOT BE BILLED ON THE SAME DATE OF SERVICE AS A THERAPEUTIC VISIT.
- INPATIENT HOSPITAL SERVICES BY PSYCHOLOGISTS ARE BUNDLED WITH THE INPATIENT FACILITY SERVICES.
- WE DO ALLOW PSYCHOLOGICAL SERVICES AS INCIDENT TO OTHER PROVIDER SERVICES (E.G. PHYSICIAN OFFICES, FQHCS)
- The following services are not covered:
 - Services of psychologists provided in long-term care facilities are covered by payment to the facility (see attachment 4.19-D)
 - Services of school psychologists provided in facilities regulated by the state board of education.
 - Sensitivity training, encounter groups or workshops.
 - Sexual competency training.
 - Marathons and retreats for mental disorders.
 - Education testing and diagnosis.

TNS # 03-022	APPROVAL DATE FEB 04 2004
SUPERSEDES TNS # 90-38	EFFECTIVE DATE 10/12/90

State of Ohio

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FOR DATES OF SERVICE ON OR AFTER JANUARY 1, 2004:

- Covered services are those professional procedures listed in OAC.
- COVERED PSYCHOTHERAPY AND PSYCHOLOGICAL TESTING SERVICES ARE LIMITED TO THOSE PERSONALLY PROVIDED BY A PSYCHOLOGIST.
- Psychological testing is limited to a maximum of eight hours per twelve-month period per recipient in a non-hospital setting.
- THERAPEUTIC VISITS AND DIAGNOSTIC INTERVIEW EXAMINATIONS IN EXCESS OF A COMBINED TWENTY-FIVE DATES OF SERVICE PER RECIPIENT IN A TWELVE-MONTH PERIOD IN A NON-HOSPITAL SETTING ARE NOT COVERED.
- DIAGNOSTIC INTERVIEW EXAMINATIONS WILL BE LIMITED TO ONE PER RECIPIENT PER TWELVE MONTH PERIOD AND MAY NOT BE BILLED ON THE SAME DATE OF SERVICE AS A THERAPEUTIC VISIT.
- INPATIENT HOSPITAL SERVICES BY PSYCHOLOGISTS ARE BUNDLED WITH THE INPATIENT FACILITY SERVICES.
- WE DO ALLOW PSYCHOLOGICAL SERVICES AS INCIDENT TO OTHER PROVIDER SERVICES (E.G. PHYSICIAN OFFICES, FQHCs)
- PSYCHOLOGY SERVICES ARE NO LONGER COVERED FOR ADULTS TWENTY-ONE YEARS OF AGE AND OLDER WHEN SERVICES ARE PROVIDED BY INDEPENDENT PSYCHOLOGISTS, EXCEPT AS FOLLOWS:
 - (a) IF THE INDIVIDUAL IS ENROLLED IN A MANAGED CARE PLAN (MCP) AND THE MCP ELECTS TO CONTINUE TO COVER INDEPENDENT PSYCHOLOGY SERVICES;
 - (b) IF THE INDIVIDUAL IS LIVING IN A NURSING FACILITY OR ICF-MR FACILITY, THE SERVICES WILL CONTINUE TO BE AVAILABLE THROUGH THE FACILITY;
 - (c) IF THE INDIVIDUAL IS COVERED UNDER MEDICARE, MEDICAID WILL CONTINUE TO PAY MEDICARE COST SHARING FOR CHIROPRACTOR SERVICES COVERED BY MEDICARE.
- The following services are not covered:
 - Services of psychologists provided in long-term care facilities are covered by payment to the facility (see attachment 4.19-D).
 - Services of school psychologists provided in facilities regulated by the state board of education.
 - Sensitivity training, encounter groups or workshops.
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